

Office of Administration
Commissioner's Office

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] *Date Enrolled* 1-26-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2-22-17	Headlight Assembly Four Uniroyal Tires	Parts: \$663.17 Labor: \$145.60 Discount: \$131.25	[REDACTED] has been enrolled in the A2A program for over one year and has followed through on requirements of the program. She needs these car repairs so she can safely get to her full time job. She also needs these repairs to pass a car inspection and drive legally. There are no other resources to assist with these costs. She is a single mother.
Amt to be reimbursed		Total: \$677.52	

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Janet Doss

Alliance for Life Program Manager: Carrie Hoelscher

Purchase is Approved Denied A2A Signature _____ Date _____

Reason for denying purchase: _____